

HISTORY FACILITY PROFILE

SUPERIOR HOME CARE INC
12493 SOUTH 3600 WEST
RIVERTON UT 84065
STATE'S REGION CODE: 001

PROVIDER #: 467108
PHONE NUMBER: (801) 254-3200
PARTICIPATION DATE: 12/09/1996

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: OFFICIAL HEALTH
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

| PRIOR 3 SURVEY 12/1997 | PRIOR 2 SURVEY 11/1998 | PRIOR 1 SURVEY 11/1999 | CURRENT SURVEY 07/12/2001 | PLAN/DATE OF CORRECTION |
|------------------------------|------------------------------|------------------------------|---------------------------------|----------------------------|
|------------------------------|------------------------------|------------------------------|---------------------------------|----------------------------|

PROGRAM REQUIREMENTS

| PRIOR 3 SURVEY 12/1997 | PRIOR 2 SURVEY 11/1998 | PRIOR 1 SURVEY 11/1999 | CURRENT SURVEY 07/12/2001 | PLAN/DATE OF CORRECTION | PROGRAM REQUIREMENTS |
|------------------------------|------------------------------|------------------------------|---------------------------------|----------------------------|---|
| | X | | | | G0164-ALERT PHYSICIAN TO CHANGES THAT SUGGEST NEED TO ALTER PLA |
| | X | | | | G0165-DRUGS & TREATMENT ADMINISTERED ONLY AS ORDERED BY PHYSICI |
| | X | | | | G0170-SKILLED NURSING SERVICES FURNISHED IN ACCORDANCE WITH PLA |
| | X | | | | G0178-RN PARTICIPATES IN INSERVICE PROGRAM, SUPERVISES, TEACHES |
| | X | | | | G0189-THERAPIST PARTICIPATES IN INSERVICE PROGRAMS |
| X | | | | | G0221-DOCUMENTATION OF HOME HEALTH AIDE COMPETENCY EVALUATION |
| | X | | | | G0224-WRITTEN INSTRUCTIONS FOR HOME CARE PREPARED BY RN OR THER |
| | X | X | | | G0229-SUPERVISORY VISITS IF SKILLED CARE NO LESS THAN ONCE EVER |
| | | X | | | G0236-RECORD WITH PAST/CURRENT FINDINGS MAINTAINED FOR ALL PATI |
| | X | | | | G0246-RESULTS OF EVALUATION REPORTED/ACTED UPON |

| TYPE OF DEFICIENCY ----- | CURRENT SURVEY ----- | PRIOR 1 SURVEY ----- | PRIOR 2 SURVEY ----- | PRIOR 3 SURVEY ----- |
|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| CONDITION | 0 | 0 | 0 | 0 |
| STANDARD | 0 | 2 | 8 | 1 |
| REGIONAL OFFICE FLAG (INCLUDES COPS) | 0 | 0 | 0 | 0 |
| HEALTH TOTAL | 0 | 2 | 8 | 1 |

STATUS OF DEFICIENT COPS
CURRENT SURVEY

| | DEFICIENCY NOT CORRECTED ----- | DEFICIENCY CORRECTED AFTER APPROVAL ----- | REPEAT COP DEFICIENCY ----- |
|-----|--------------------------------------|---|-----------------------------------|
| COP | 0 | 0 | 0 |

COMPLAINT SURVEY INFORMATION

| SURVEY DATE ----- | STATUS ----- |
|----------------------|-----------------|
| 12/31/1997 | UNSUBSTANTIATED |
| 03/15/2001 | UNSUBSTANTIATED |

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT